

POSITION	ID NO.	DATE
CLASSIFIER	20	10/31
EXAMINER	379	1-16-97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND	333	5-28-87
FILE MAINT.	3412	1-17-97
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	
Original	9 12 83
1	97 97 98 99
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14	N
15	✓ / =
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SYMBOLS

- ✓ Rejected
- ✓ Allowed
- (Through numeral) Canceled
- Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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